

PRESIDENT'S MESSAGE



Danielle McNeil-Hessian
National President

Preparations for the 89th annual national convention are being made. The convention, or annual meeting, is an opportunity for members from across the country to participate in communion with others in Eucharistic celebrations and spiritual programs, network with League sisters, come together to celebrate the accomplishments of the past year and give direction to the future through resolutions and dialogue. This convention promises to be one of the most uplifting to date as we honour the events of the past and look toward the future.

This year the guest speakers will be Rev. Mark Miller and Dr. Myrtle Power who will focus on *Women of Peace and Hope*. Rev. Miller will be speaking on “Caring for the Dying: A Gospel Call for Catholics”. Dr. Power will speak on “Walking the Pathway of Hope”.

Members have been invited to participate in activities related to [peace](#) and [hope](#). I encourage convention attendees to bring a symbol that represents [peace](#) and/or [hope](#) with them for display. The symbol can be sewn, painted, drawn, etc. I look forward to a meaningful display created by the work of many hands.

In most provinces the League is a four-tier structure with each layer dependent on the other. Regardless of the number of layers the most important one is the parish council which is the foundation of the organization. It is within the parish where the work of the League and the church takes place. In order to be eligible to serve at any other level of the League one must first be a member of a parish council. The second layer of the League is the diocesan council (provincial where there is no diocesan council) which responds to the needs of parish councils at the local level. Concerns are addressed, opportunities are provided for spiritual growth, retreats are sponsored and workshops held. The provincial body connects the members to the national body and responds to issues that cannot be resolved at parish or diocesan levels. The last layer, the national level, links all members across the country through the eleven provincial presidents and the eleven elected national officers. This level takes its direction from national council in annual convention assembled through motions and resolutions. At the national level the standing committee chairpersons promote participation in a variety of activities and respond to unresolved issues from other levels. In addition, a delegation from the national executive meets with federal government representatives to discuss current and unresolved past resolutions.

Councils at every level have a spiritual advisor who provides

guidance, encourages spiritual growth and offers advice. In a national organization anchored in the values of the gospel, the spiritual advisor plays a key role as members live out the call to respond to God's people with [peace](#) and [hope](#).

Each floor of a building is dependant on another to be stable and strong, and diminished support at any level will weaken the structure. Just so are levels of the League dependent on one another in order for the structure to remain vibrant and strong.

The national office consists of an executive director and eight full and part-time staff. The staff is responsible to keep the work of the League moving forward. Duties such as processing and maintaining membership, responding to enquiries, editing and distributing documents such as the annual report and communiqués, assisting with the publishing and mailing of *The Canadian League*, ordering and shipping supplies, assisting with the annual budget and keeping the accounts accurate and up-to-date allow the members time to go about the Lord's business. The office staff is an integral part of the structure of the League; without it the structure would weaken and the League would be less effective in the work done “For God and Canada”.

The theme, *Women of Peace and Hope*, focusing on palliative care and “Welcome, friend”, is coming to life within councils across the country and has suddenly become very real in my life.

On February 25th my 81-years-young mother was diagnosed with pancreatic cancer. The next day she was admitted to hospital for a further diagnostic procedure. As my mother was admitted on a Thursday, she waited until Monday before the procedure could be performed. Her aim, and that of her doctor, was that after the insertion of a stent she would be able to eat, a feat she had not been able to accomplish with any satisfaction since December. The ability to eat was not accomplished and there was to be no recovery, no opportunity to enjoy her favourite foods again. My beloved mother passed away peacefully on March 9th, one week after the procedure. She was a woman of [peace](#) and [hope](#) and lived her life in anticipation of one day being with her Lord and Saviour, Jesus Christ.

My father passed away suddenly 36 years ago leaving my mother with 13 children at home, seven of them aged 10 and under. My mother was a strong woman both physically and mentally. If my siblings and I ever thought of her being ill or needing care, it was in the far distant future. Not one of the 17 of us would have envisioned Mom being in the hospital receiving this service and definitely not living her last days there.

The individuals who work at the hospital, from the

surgical floor to the palliative care floor, are all dedicated, caring health professionals. You can imagine that 17 children and a number of grandchildren, siblings and assorted nieces and nephews took up more than their share of space in the hospital.

Mom's rapid decline shocked all of us and took the medical professionals by surprise as well. Suddenly the term palliative care took on a new meaning; it became very personal. Family members were unable to take Mom home to be cared for with love and support. However, the staff of the hospital made it easier for us to do what little we could and to be present with her in what ever way we were able, at this unlikely hospital site. My mother and my entire family were treated with compassion and understanding by all with whom we came in contact. During our brief stay on the palliative care unit, Mom was never alone. She was serenaded in both her conscious and unconscious state by the music of Cape Breton Island, beautiful hymns, and the voices of her children and grandchildren attempting to give her both comfort and joy with familiar songs such as *You Are My Sunshine* and *Silent Night, Holy Night*. The last hours of my mother's life were part of a spiritual journey for us, and in some way she was helping us to let go in order that she find her way home to her Father's house. My mother's life ended in the same way it began, surrounded by those who loved her in a loving and caring environment. She died the way she lived, with dignity.

At the same time my family was going through this experience, many of my League sisters were going through similar situations. In fact, Canadians all across the country are living with the reality of end-of-life care. Many of their experiences are for extended periods of time and may not be as satisfactory as mine. I realized first-hand how

important Resolution 2007.03 *Hospice Palliative Care: An Integral Component of the Canadian Health Care System* is to all Canadians.

When referring to end-of-life care, the words, "it is not about dying, it is about living", resonated. I have had only one other personal experience with palliative care and it was very beautiful, yet far different from the one described above. It was that of a very dear friend living in British Columbia who was cared for at home by her loving husband and daughter with outside assistance. The palliative care experience will not be the same for everyone. Many Canadians lack access to high quality end-of-life care to support the terminally ill and their caregivers.

As well as actively lobbying the government to make palliative and end-of-life care programs a top priority, many members work and volunteer in palliative care. I praise and thank these women and encourage others to take the opportunity to become educated in ways to support individuals and families with living the end-of-life care experience.

As I write this article I am preparing to attend, on your behalf, an international conference on the theme of *Life, Family, Development: The Role of Women in the Promotion of Human Rights* that has been organized by the Pontifical Council for Justice and Peace, World Women's Alliance for Life & Family and the World Union of Catholic Women's Organizations. I am looking forward to the conference and to reporting on it at the national convention.

I will take this opportunity to remind you of the challenge to increase your membership by ten per cent over the next two years as we strive to bring **peace** and **hope** in our families, parishes, communities and country. †

PARISH NURSING, HEALING AND WHOLENESS

Parish nurses are employed by faith communities of various denominations across Canada. While practiced since the 1980's, there are many people who are unfamiliar with the concept. Most congregations who have a parish nurse truly value his/her expertise and worth.

According to the Canadian Association for Parish Nursing Ministry, a parish nurse is a registered nurse with specialized knowledge who is called to ministry and affirmed by a faith community to promote health, healing and wholeness.

The role of the parish nurse is to promote the integration of faith and health in a variety of ways that reflect the context of the faith community. Specific examples include health advocacy, health counselling, health education and resource referral.

Although parish nurses are registered nurses, educated and aware of God's call, they must also be called by the faith community. By calling the parish nurse to serve the community, the nurse becomes affirmed, thus validating the nurse's call to ministry.

The mandate of the parish nurse is to promote healing and wholeness. He/she does so with a personal understanding of the theology of health, healing and wholeness in the context of the faith community being served, recognizing that theology differs from individual to individual even within a denomination.

For further information about parish nursing ministry in Canada, contact the Canadian Association of Parish Nursing Ministry at www.capnm.ca. †

